

# Camp Sun 'n Fun Waiver/Registration Form

☐ Dover Resident ☐ Non-Resident

## Adult or Responsible Party Information

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip EMAIL:
Home Phone ( )	Emergency Contact Name: _____	
Mother Name - Work#:	Relationship: _____	
Father Name - Work#:	Home# ( )	Work#( )
Mother Cell#: _____	Father Cell: _____	Cell#( ) _____

## PARTICIPANT INFORMATION - Please fill in the information below for each person you are registering

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr	Age	Gender	Grade in Sept 2009
Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr	Age	Gender	Grade in Sept 2009

## CONFIRMATIONS WILL NOT BE SENT

Participant Name	Program Code	Program Name	Session Dates	Program Fee
EXAMPLE - John Smith	141300	Camp Sun 'n Fun	Wk #1	\$140.00

Payment Due 6/22 Week #1 6/29-7/3 WEEK #1	Payment Due 6/29 Week #2 7/6-7/10 WEEK #2	Payment Due 7/6 Week #3 7/13-7/17 WEEK #3	Payment Due 7/13 Week #4 7/20-7/24 WEEK #4	Payment Due 7/20 Week #5 7/27-7/31 WEEK #5	Payment Due 7/27 Week #6 8/3-8/7 WEEK #6	Week #7 8/10-8/14 WEEK #7	\$10 fee charged per week of any weeks cancelled!
Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____	Entire 'Grey Payment Area' to be Filled Out by "Recreation Staff" Only
Date Paid _____	Date Paid _____	Date Paid _____	Date Paid _____	Date Paid _____	Date Paid _____	Date Paid _____	
Ck# _____	Ck# _____	Ck# _____	Ck# _____	Ck# _____	Ck# _____	Ck# _____	
Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	
Staff Initials _____	Staff Initials _____	Staff Initials _____	Staff Initials _____	Staff Initials _____	Staff Initials _____	Staff Initials _____	

**No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.**

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover, Dover Recreation Department, employees, volunteers, representatives harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

**Please indicate any medical concerns: medications, allergies, swimming problems or other physical or behavioral disabilities of which we should be made aware of** \_\_\_\_\_

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would **NOT** allow use of these photos. ☐ **Do Not Allow the use of pictures**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_ Certificate # \_\_\_\_\_

**Make Checks Payable to Dover Recreation and mail with registration form to:**

516-6401 Dover Recreation

Dover Recreation - Camp S & F  
61 Locust Street, Suite 124  
Dover, NH 03820